DOCUMENT RESUME

ED 218 844 EC 143 106

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TITLE Institutional Constraints and External Pressures Influencing Referral Decisions.
INSTITUTION Minnesota Univ., Minneapolis. Inst. for Research on Learning Disabilities.
SPONS AGENCY Office of Special Education and Rehabilitative Services (ED), Washington, DC.
REPORT NO IRLD-RR-58
PUB DATE Oct 81
CONTRACT 300-80-0622
NOTE 28p.

EDRS PRICE MF01/PC02 Plus Postage.
DESCRIPTORS Compliance (Legal); *Disabilities; Elementary Secondary Education; Organizational Climate; *Referral; *Student Placement; Teacher Attitudes

ABSTRACT

Information about the process for referring students to special education was collected from 47 regular and 5 special education teachers. Organizational factors, such as "district procedures" or an individual's perceptions of the professional competence of referral recipients, and availability of services were examples cited as institutional constraints. Outside agency influence, socio-political climate, federal or state requirements, and concerns of parents were cited as external pressures that may be influential in referral decisions. Consistency of the institutional constraints between special education directors and teachers suggested the need for reorganization of the team decision making process. (Author/CL)

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Research Report No. 58

INSTITUTIONAL CONSTRAINTS AND EXTERNAL PRESSURES INFLUENCING REFERRAL DECISIONS

Sandra Christenson, James Ysseldyke, and Bob Algozzine

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The Institute for Research on Learning Disabilities is supported by a contract (300-80-0622) with the Office of Special Education, Department of Education, through Title VI-G of Public Law 91-230. Institute investigators are conducting research on the assessment/decision-making/intervention process as it relates to learning disabled students.

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October, 1981

Abstract

Factors that were perceived by teachers as influential in deciding to refer a student were identified in this research. Public school teachers' perceptions of institutional constraints and external pressures to referral were solicited; an analysis of their responses is presented. Organizational factors, such as "district procedures" or an individual's perceptions of the professional competence of referral recipients, and availability of services were examples cited as institutional constraints. Outside agency influence, socio-political climate, federal or state requirements, and concerns of parents were cited as external pressures that may be influential in referral decisions. Probabilities associated with placement of a referred student were presented. The implications of these findings are discussed with regard to teacher concerns and professional practice.

Institutional Constraints and External Pressures Influencing Referral Decisions

Teachers and educational support personnel regularly collect assessment information through the use of classroom or standardized tests, formal or informal observation, and structured or unstructured interviews. That information is used to make a variety of school-related decisions. Recently, considerable attention has been focused on decisions that are made during the special education placement team and individualized educational program (IEP) planning team meetings mandated as part of the Protection in Evaluation Procedures provisions of Public Law 94-142. Yet, little research has focused on the decision that initiates the team decision-making process; that is, the decision by a teacher or parent to refer a student for psychoeducational evaluation has not been studied extensively. The referral decision may be the most important decision that is made; clearly, it sets into motion a process that results in a variety of other decisions being made.

Decision making relative to eligibility, classification, and placement has been investigated. For example, Algozzine and Ysseldyke (1981) demonstrated that individual decision makers declare normal students eligible for services 51% of the time. Shepard and Smith (1981) found that more than 45% of those students enrolled in Colorado's classes for the learning disabled did not meet state criteria for placement. Ysseldyke, Algozzine, Shinn, and McGue (in press) found no psychometric differences between students placed in LD classes and low achievers who had never been referred or placed. In a national survey of special

education directors (Poland, Thurlow, Ysseldyke, & Mirkin, in press) regarding the manner in which decisions are made about learning disabled children, the major problems faced by directors in implementing the decision-making process involved time and scheduling. Other frequently mentioned concerns included lack of funds and staff to implement the process, the extensive amount of paperwork involved, impediments to parental involvement in the process, and the need for training. In discussing research on team decision making conducted at the Institute, Ysseldyke and Algozzine (1982) indicated:

> The videotape studies of each placement team's decision-making process provided especially enlightening information. It was very difficult to find meetings that could be called placement decision-making sessions. Many team meetings were held, but most can be described as meetings to get ready for the meeting. Often, placement decisions were made at the same meetings at which many other kinds of decisions were made. We repeatedly had difficulty attempting to specify decisions that were actually made at meetings because in most instances it was apparent that the decisions were made before the actual meetings took place. We also had difficulty getting individuals to assume responsibility for the decisions that were made. When we asked people after the meetings, "Who actually made the decision," nearly all claimed that someone else had been responsible for it, and that they, personally, had little power in the process. We learned to refer to this finding as the "Little Red Hen" phenomenon. (When we asked who made decisions, we consistently were told, "Not I!") (pp. 147-148)

The "state-of-the art" in eligibility/classification/identification decision making is provocative; significant issues have been addressed relative to this critical area of assessment (cf. Ysseldyke & Algozzine, 1979, 1982). Problems related to these assessment issues are being solved in the nation's courts; the entire assessment practice is being viewed with a critical eye.

Assessment decisions related to diagnosis (i.e., classification, placement) certainly are important; however, it is the referral decision that triggers diagnostic activities. And, while most educators recognize the importance of the referral decision, there are few studies dealing with referral. From time to time, investigators (e.g., Hyde, 1975; Nicholson, 1967; Rice, 1963; Robbins, Mercer, & Meyers, 1967; Ysseldyke, 1968) have documented the kinds of academic and behavior problems cited by teachers as reasons for referring students for psychoeducational evaluation, but careful examination of the institutional constraints and external pressures that influence referral is virtually absent.

The decision to refer a student for psychoeducational assessment is made on the basis of factors considered important to the individual making the referral. Shavelson and Borko (1979) analyzed factors that influenced teachers' instructional decisions. They reported that student characteristics (or traits) and teacher characteristics interact with each other and with other factors (e.g., material resources, school politics, pressure from either the community or the school administration) to influence teachers' instructional decisions. The same factors have relevance for referral decisions and an adaptation of the Shavelson and Borko model can be used to conceptualize decisions to refer students. Such a model is illustrated in Figure 1. The decision to refer a student for psychoeducational evaluation and possible special education services is seen as the function of an interaction between estimates of the likelihood of "success" in the regular education program, institutional constraints, and external pressures. Teachers' estimates of the

likelihood of "success" are viewed as a function of the ways in which the teacher evaluates student performance, an evaluation derived from student characteristics, individual differences in teachers, and educational goals.

Insert Figure 1 about here

This study was designed to document specifically those institutional and external factors that are perceived to influence referral of students for psychoeducational evaluation and potential special education services. Information of this nature was viewed as useful for purposes of planning alternative strategies for dealing with the growing numbers of children being identified as "handicapped." Knowledge of the factors that may influence referral may provide a basis for bringing control over referral and thereby have an effect on the numbers of students evaluated. Similarly, knowledge of factors influencing referral may be useful to administrative decision making in another way; that is, if a school district wants to increase the numbers of students referred (and likely evaluated), knowledge of the internal constraints and external pressures to referral would be valuable.

Method

Subjects

Subjects were 47 regular education and five special education teachers from Minnesota and Florida. Sixty percent of the teachers were elementary school based. The regular classroom teachers did not have special education training.

Information about the referral process was collected from the teachers. During the 1980-81 school year, the average number of students referred was 3.9 with a range of 0 to 20 students. Regarding the appropriate time to make a referral, 38.8% of the teachers indicated when the student was not functioning, 12.2% indicated when the student was not functioning over a period of time; 14.3% indicated time when the student was not functioning despite teacher's modifications, and 34.7% indicated time within the first trimester of the school year. When asked to describe the referral procedure in their district, the respondents frequently mentioned a contact person (76.3%). The referral procedures were unknown to 23.7% of the teachers. Three procedures were identified by the other teachers: (a) referral to contact person to testing to team meeting (34.3%), (b) referral to contact person to a meeting in which the next step would be decided (21.0%), and (c) referral to contact person to observation to testing to team meeting (21.0%).

Materials

A survey (see Appendix A) was developed to collect the following kinds of information: (a) general information regarding referral, such as descriptions of the referral procedure, the number of students referred, and the appropriate time to refer a student, (b) identification of barriers to referral, (c) identification of factors that facilitate referral, and (d) the teachers' perception of the probabilities that referred students would be placed in special education services.

Procedure

Teachers were asked to complete the six-question open-ended survey. Three questions were considered of primary importance in addressing the

purpose of the study. These questions related to barriers to referral, factors that facilitated referral, and teachers' perceptions of the probability that referred students would be placed in special education services. Data obtained from the surveys were tabulated and analyzed; institutional constraints and external pressures reported by the teachers were categorized using a two-step process: (1) Five categories of institutional constraints and three of external pressures were identified through an initial perusal of the responses, and then (2) two evaluators classified each response into one of the categories.

Results

Subjects' responses to the three questions were grouped into five categories of factors that acted as institutional constraints, four categories of external pressures, and four categories indicating the likelihood that a referred student would be placed.

With regard to the first two questions, teachers responded with many more institutional constraints than external pressures. Of the 164 responses to the questions, 80.4% were institutional constraints while only 9.8% were external pressures (another 9.8% indicated no institutional constraints or external pressures). The specific nature of the responses to the first two questions, as well as data from the probability question, are detailed below.

Institutional Constraints

Eleven of the 48 respondents stated that there were no institutional constraints or barriers to referral in their districts. The other responses were grouped into the five categories; overwhelmingly, respondents reported that organizational factors, availability of services, and

"hassle" were influential to referral decisions.

Organizational factors. The most often cited institutional factors had to do with either the rules, procedures, and guidelines a district has for making decisions about the delivery of special education services, or the way in which the referral process was organized. Among the organizational factors cited was the person who receives the referral. Forty-four percent of the respondents said that their perceptions of the competence of the professional receiving the referral served as either a facilitator or inhibitor in referral. These same persons also often indicated that the extent to which the referral recipient encourages or discourages referral has considerable influence on their decisions to refer students.

Twenty-three percent of the respondents said that the length of time between referral and action on the referral was a major institutional constraint. Other organizational factors identified included: confusion over ever-changing guidelines, the extent to which the school staff received adequate inservice training regarding behaviors indicative of a need for referral, the kind of referral form used, and "caps" (or ceilings) on the numbers of students who could receive specific kinds of services.

Availability of services. Forty percent of the respondents said that a shortage of services or absence of services served as a barrier to referring students for evaluation. Conversely, we might conclude that an abundance of services would serve as a strong impetus for referral.

"Hassle." Forty percent of the respondents listed factors that can be described as the amount of "hassle" involved in referring students. Among factors cited were paperwork, meeting time, and the time

it took to schedule and hold parent conferences prior to referral. Several respondents reported a general dissatisfaction with the team meeting process, indicating not only that meetings took time, but also that when they were involved their opinion was not asked. Several teachers said that they often do not refer students because they are not invited to attend meetings about those students.

Teacher variables. Thirty-eight percent of the teachers listed one or more teacher variables as institutional constraints. Most often in this category teachers stated that their own skepticism about payoff for the process inhibited referral. Other teacher variables said to influence rate of referral (though never mentioned by more than three respondents) included a teacher's belief system, his/her knowledge of individual differences, the teacher's willingness to modify the curriculum, the teacher's tolerance, and class size.

Attitudinal factors. Twenty-seven percent of the respondents listed attitudinal factors as influencing rate of referral. Most often in this category, teachers said that referral was influenced by regular and special educators' perceptions of one another, and their interpersonal professional attitudes. Communication among regular and special educators and general "attitudes toward special education" were seen as influencing referral rate.

External Pressures

Four categories of external pressures were identified as influencing decisions to refer students for evaluation and possible special education services. Outside agency influence, federal or state requirements, and concerns of parents were cited as external pressures that may be influential in teachers' decisions to refer students. Interestingly, 70%

of the respondents said there were no external pressures.

External agency influence. The most often cited external pressure was an agency influence. When external agencies (such as Health and Rehabilitation Services) were involved in working with students, referral was influenced. Respondents cited inconsistencies among external agencies as a major factor impacting referral. In addition, respondents cited advocacy groups, most specifically local ACLD chapters, as influential to referral rates.

Socio-political climate. Respondents stated that the educational attitude of the community affected the decision to refer a student. Special education funding was the most frequently cited factor that reflected the attitude of the community.

Federal and state guidelines. Respondents listed confusion about federal and state guidelines as contributing to confusion in referral decisions. Litigation, or the threat of litigation, and the way in which the school perceived regulations about Title I were also cited as influencing referral decisions.

Parental pressure. A fourth external factor was pressure on the part of parents for services. Respondents never mentioned parental pressure against delivery of services.

Probabilities of Placement

When asked the probability that a referred student will be placed, 57.5% of the teachers indicated statements or percentages reflecting very high probabilities (27.5% responded very high or very likely; 30% indicated a percentage greater than 80). Fifteen percent of the teachers indicated a 50-50 chance and 12.5% of the teachers stated "don't know."

Fifteen percent of the teachers used qualifiers such as, "If the student is in regular education, the probability is very high; however, if the student is currently in special education needing increased service, the probability is very slim." The remaining qualifiers were indicative of institutional constraints that involved the availability of services (e.g., according to disability) and teacher variables (e.g., knowledge of team about disability).

Discussion

Institutional constraints and external pressures for decisions to refer school students were identified in this research. Organizational factors, such as "district procedures" and competence of professional personnel, availability of services, "hassle," and interpersonal factors (e.g., teachers' attitudes, tolerances, and knowledge) were perceived as institutional factors influential to referral decisions. The following external pressures to referral were identified: external agency influence, federal and state requirements, and concerns of parents for special education services.

Robbins, Mercer, and Meyers (1967) studied referral rates and patterns in the Riverside, California school district; their work is related to our findings. They observed considerable variability in referral rate among schools, and attributed this variability to individual differences in principals (i.e., an institutional constraint). They reported that some principals encouraged referral, whereas others used referral only as a last resort. Another institutional constraint observed by Robbins et al. was an interaction of school size with availability of school psychologist time. Referral rates were highest

in large schools, but only when there was considerable school psychologist time allocated to those schools.

Robbins et al. (1967) reported that differences in referral rates among schools were due more to intra-system factors than to such extra-system factors as race, affluence of a neighborhood, or educational level of parents. They cited one piece of evidence showing how external factors influence rate of referral. They observed that referral rates increased significantly in grades K-3 after the California Department of Education developed reimbursements for education of gifted students.

Qualitative comments from the participants in this study depict the complexity of Shavelson and Borko's decision-making model and bring into question the current organization of the assessment process--a process that appears to operate largely from referral-to-placement. Consistently, high probabilities were mentioned for the referral to placement sequence; that is, teachers believe there is a high probability that students referred will be placed. One teacher wrote, "There is a 90-100% chance of a student being placed once he is tested. But some kids make it and we never guessed they would." Another teacher questioned the effect of testing, asking "How many students would qualify if they could all be tested in the same way those who are referred are?"

We are not suggesting that referrals should be reduced; however, we are suggesting that students must not be put on a "one way street" from referral to evaluation to placement. One teacher commented, "I'm not sure students really benefit from the distinctions of being different (e.g., labels). Many students would do equally as well or better in a smaller class where they can receive more individual attention from a 'regular' classroom teacher."

This comment also suggests the importance of reorganizing the process from referral to placement to a process from referral to intervention, prior to psychometric evaluation and placement. If intervention within the classroom through immediate consultation with the classroom teacher occurred, instructional planning could improve for all students. The following comments reflect this need: "The waiting period between referral and testing is very excessive. There are times when the child has gone on to another grade or failed before testing occurred" or "The process is lengthy and frustrating when the child does not make the program. The psychologist usually says 'ineligible' with no suggestions as to what strategies should be used in the regular classroom from there on in. The teacher is not further ahead than when she made the referral initially." One teacher commented that teachers have quit referring students because "after rejections of worst kids I had this year I wouldn't bother with rest of kids I would have liked to refer." We see this situation as blocking communication regarding instructional interventions and retarding educational growth for students.

In 1979 a national sample of special education directors (Poland et al., in press) identified time to complete the team process, scheduling difficulties, paperwork, and staff to implement the process as problems facing team decision making. The concerns identified by the directors were reiterated by this sample of teachers. Given that 23% of the teachers expressed concern about the length of time from referral to team decision making, that 40% of the teachers indicated that paperwork, time, and scheduling were barriers to referral, and that nearly half of the teachers cited the competence of the contact person as a facilitator or inhibitor of referral, it is no surprise that 38% of the teachers

expressed their skepticism about the payoff for the team decision-making process. Over one-third of the teachers saw little payoff (e.g., instructional assistance or consultation) for a process that they initiated.

Remedies are difficult to propose. Perhaps a model of instructional/behavioral interventions to be attempted before evaluation is necessary. Teams must consider that a planned change in the classroom may eliminate the need for future assessment and decision making, but most importantly, may benefit the student and concerned classroom teacher. Research must be conducted on teams that emphasize instructional/behavioral interventions as opposed to immediate evaluations and "automatic" placements.

Decisions to refer students for psychoeducational evaluation are influenced by a number of institutional constraints and external pressures. We have documented these. Perhaps surprising, at least to us, was the finding that a number of interpersonal factors have the greatest influence on the process. Consistent with Robbins et al. (1967) finding, intra-system factors (institutional constraints) rather than extra-system factors (external pressures) were most frequently mentioned as affecting the decision to refer. Comparing two different years, the consistency of the institutional constraints between special education directors and teachers suggests a strong need for reorganization of the team decision-making process. The feeling that the process operates largely as a referral-to-placement process in which teachers refer if they are reinforced for referring, and if they have a high regard for the competence of the recipient of the referral, is captured in one teacher's statement, "Students are usually placed since teachers recognize those who do qualify when the process is complete." The important question is, "Are we really improving instruction for students?"

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Footnote

Bob Algozzine is also Associate Professor in the Department of Special Education at the University of Florida, Gainesville.

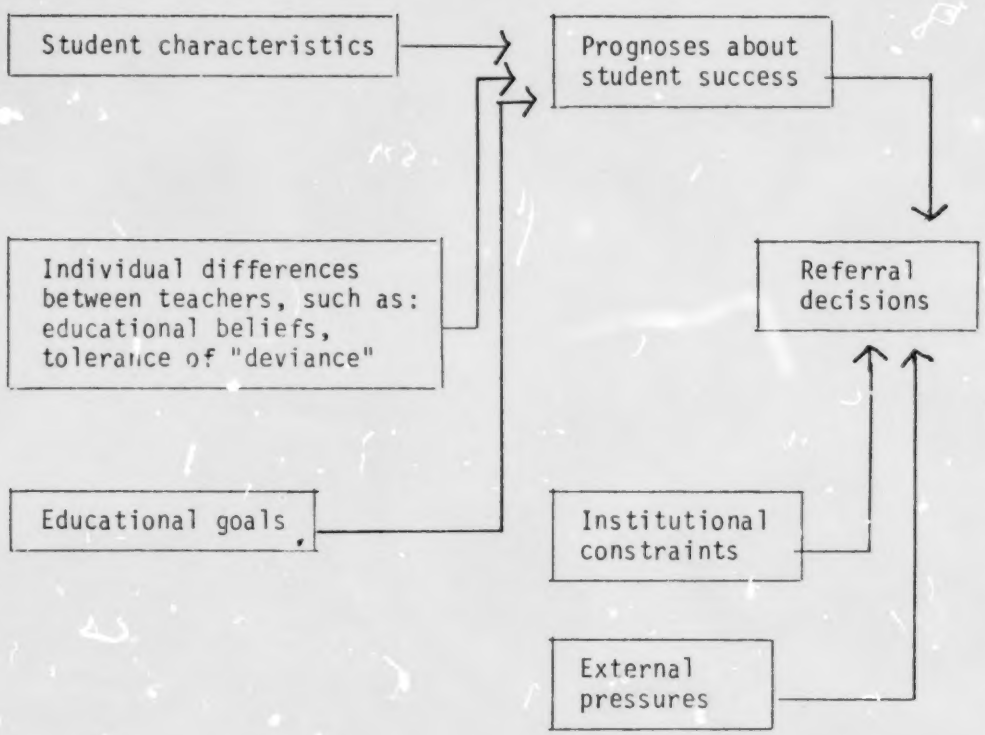

Figure 1. Some factors contributing to teachers' referral decisions.

Appendix A

Questions for Referral Constraints

1. How many students did you refer for evaluation this year?

2. When do you believe is the appropriate time to refer a student?

3. Are there any barriers in your district which affect your decision to refer?

4. Is there anything that facilitates the referral process in your district?

5. Briefly describe the referral procedure in your district.

6. If a student is referred, what is the probability that he will be placed?

X-B 5/81

PUBLICATIONS

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